

ISSUE SLIP STAPLE AREA (for additinal cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>tele Med</i>	<i>8/14/99</i>
O.I.P.E. CLASSIFIER		<i>71620</i>	<i>5/16/99</i>
FORMALITY REVIEW			<i>8/25/99</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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REST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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